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(Business Entity Name)

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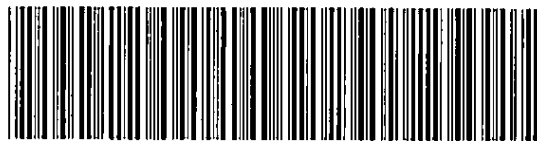
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

19 MAY 22 AM 11:46

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

19 MAY 22 AM 10:24

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 5/22/19

NAME: KMH RIDES CORP

TYPE OF FILING: ARTICLES

COST: 78.75

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: KMH Rides Corp.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Patrick Schmitt
Name (Printed or typed)
24 NW 29TH Street
Address
Miami, FL 33133
City, State & Zip
305-504-9875
Daytime Telephone number
patrick.schmitt@me.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: KMH Rides Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

24 NW 29TH Street

33127 Miami, Florida

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any legal purpose

ARTICLE IV SHARES

10,000,000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patrick Schmitt / Director

Name and Title:

Address

24 NW 29TH Street

Address:

33127 Miami, Florida

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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CLERK OF DISTRICT COURT
MIAMI, FLORIDA

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Earlybirds Advisors Inc.
Address: 24 NW 29TH Street
33127 Miami, Florida

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Patrick Schmitt
Address: 24 NW 29TH Street
33127 Miami, Florida

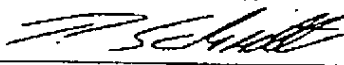
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be treated as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


Required Signature/Registered Agent

05/21/2019

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

05/21/2019

Date

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